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27365	27365 7590 05/11/2007					or maning	g or transmission.			
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MINNEAPOLIS,	MIN 33402-3319					·····		(Sigr	nature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		ATTOR		BY DOCKET NO.	CONFIRMATION NO.		
10/685,076	10/685,076 10/13/2003		KianKeong Ooi			S01.12-1182/STL 11367		4341		
TITLE OF INVENTION: DETERMINING A LOCATION BASED ON A CYCLIC BIT SEQUENCE CONTAINING CONSECUTIVELY-PLACED IDENTICAL BIT-GROUPS										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PRE	EV. PAID ISSUE	FEE T	OTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300		\$0		\$1700	08/13/2007	······	
EXAMI	VER	ART UNIT	CLASS-SUBCLASS							
MERCEDES, DISMERY E 2627			360-051000							
1. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
AASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SEAGATE TECHNOLOGY LLC Scotts Valley, California Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
4a. The following fee(s) ar ☑ Issue Fee ☑ Publication Fee (No ☐ Advance Order - # 6	Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) [A] paid for electronically [A] The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1123 (enclose an extra copy of this form).									
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Authorized Signature	/Leanne R.	Taveggia/			Date May	30, 2	007			
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